

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       | PCW      | 32     | 1/3      |
| FORMALITY REVIEW          | AM       | 917    | 01-10-01 |
| RESPONSE FORMALITY REVIEW | MD       | JL9FT  | 03/21/01 |

INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| ÷ | Restricted                 | O | Objected     |

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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